

## Appendix E: Benefit Service Packages

### Categorically Needy Program (CNP)

This program has the largest scope of care. A few of the services are: doctors, dentists, physical therapy, eye exams and glasses, mental health, prescriptions, hospitals, and family planning for men, women, and teens. There is limited coverage for Maternity Case Management, orthodontia, private duty nursing, and psychological evaluation. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

### Emergency Related Services Only (ERSO) – PA may be required

This program has coverage for only specific medical conditions: a qualifying emergency, end stage renal disease on dialysis, cancer actively receiving treatment, or post transplant status on anti-rejection medications. Prior authorization for some services may be required. Services not related to the medical condition are not covered. The Agency determines if the client has a qualifying condition for any of these programs in accordance with the Washington Administrative Code (WAC) criteria. For specific details please see WACs [388-438-0110](#), [388-438-0115](#), and [388-438-0120](#).

### Take Charge – Family Planning Service Only (TCFPO)

This program is for both women and men. It covers family planning services such as: annual examinations, family planning education and risk reduction counseling, FDA approved contraceptive methods such as birth control pills, IUDs and emergency contraceptive creams and foams; and sterilization procedures.

### Family Planning Services Only (FPSO)

This program is for women. Services include: coverage for all birth control methods, sterilization, OB-GYN exams, and counseling to help with family planning.

### General Assistance (GA) - no out of state care

This program covers many of the most basic services such as doctor's visits, prescriptions, and hospitalizations. However, some services, such as dental and mental health treatment may have restrictions that require prior authorization or may not be covered.

### **Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) - No Out of State Care**

This program covers many of the most basic services such as doctor's visits, prescriptions, and hospitalizations. However, some services, such as dental and mental health treatment may have restrictions that require prior authorization or may not be covered.

### **Limited Casualty Program – Medically Needy Program (LCP-MNP)**

This program covers many medical services. A few of the services are: doctors, dentists, eye exams and glasses, mental health, prescriptions, hospitals, and family planning for men, women, and teens. There are some services that are not covered, such as physical therapy. There are also limited services; Maternity Case Management is one example. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

### **Qualified Medicare Beneficiary (QMB) – Medicare Only**

This program pays for Medicare premiums and pays for deductibles, coinsurance, and copayments according to Medicaid rules.

### **Specified Low-Income Medicare Beneficiary (SLMB)**

This program only pays for Medicare premiums. Health coverage through Medical Assistance Medicaid is not covered.

### **Qualified Individual 1 (QI-1)**

This program only pays for Medicare premiums. Health coverage through Medical Assistance Medicaid is not covered.

### **Qualified Disabled Working Individual (QDWI)**

This program only pays for Medicare premiums. Health coverage through Medical Assistance Medicaid is not covered.

### **Detox Program – Limited Care**

This program is limited to coverage for services related to detoxification.

### **Inpatient Psychiatric Care Only (IPCO)**

The program covers services given in a psychiatric institution/hospital. Other services are not covered.

**For more information, please visit <http://hrsa.dshs.wa.gov/Client.htm>**

### ACES Program Codes

Some provider groups rely on the ACES program codes to help them determine if the client is on a state-only program or is on a Medicaid program to identify their funding sources. The following table lists these program codes.

SSI and SSI Related	ACES	DESCRIPTION	SCOPE
SSI and SSI related also called Aged/Blind/Disabled category  Disability is determined by SSA or by NGMA referral to DDDS	<b>S01</b>	SSI Recipients	CNP
	<b>S02</b>	ABD Categorically Needy – SSI related	CNP
	<b>S03</b>	QMB Medicare Savings Program (MSP) Medicare premium and Medicare co payments	QMB
	<b>S04</b>	QDWI Medicare Savings Program	QDWI
	<b>S05</b>	SLMB Medicare Savings Program. Medicare Premium only	SLMB
	<b>S06</b>	QI-1 (ESLMB) Medicare Savings Program	QI-1
	<b>S07</b>	Undocumented Alien. Emergency Related Service Only	ERSO
	<b>S95</b>	Medically Needy no Spenddown	LCP-MNP
	<b>S99</b>	Medically Needy with Spenddown	LCP-MNP
<b>SSI Related</b> Living in an alternate living facility (non medical institution) adult family home, boarding home or DDD group home.	<b>G03</b>	Non Institutional Medical in ALF CN-P Income under the SIL plus under state rate x 31 days + 38.84	CNP
	<b>G95</b>	Medically Needy Non Institutional in ALF no spenddown	LCP-MNP
	<b>G99</b>	Medically Needy Non Institutional in ALF with Spenddown	LCP-MNP
<b>SSI Related Healthcare for Workers w/disability</b>	<b>S08</b>	Healthcare for Workers with Disability CN-P Premium based program. Substantial Gainful Activity (SGA) not a factor in Disability determination.	CNP
<b>INSTITUTIONAL</b> HCBS Waivers (HCS/DDD) and Hospice <b>SSI related</b>	<b>L21</b>	Categorically Needy DDD/HCS Waiver or Hospice on SSI	CNP
	<b>L22</b>	Categorically Needy DDD/HCS Waiver or Hospice gross income under the SIL	CNP
	<b>L95</b>	Medically Needy Hospice in Medical Institution. Income over the SIL-no spenddown	LCP-MNP
	<b>L99</b>	Medically Needy Hospice in Medical Institution with Spenddown	LCP-MNP
<b>INSTITUTIONAL SSI</b> Residing in a medical institution 30 days or more	<b>L01</b>	SSI recipient in a Medical Institution	CNP

<b>INSTITUTIONAL SSI Related</b> Residing in a medical institution 30 days or more	<b>L02</b>	SSI related CN-P in a Medical Institution Income under the SIL	CNP
	<b>L04</b>	Undocumented Alien/Non Citizen LTC must be pre approved by ADSA program manager. Emergency Related Service Only	ERSO
	<b>L95</b>	SSI related Medically Needy no Spenddown Income over the SIL. Income under the state rate.	LCP-MNP
	<b>L99</b>	SSI related Medically Needy with Spenddown Income over the SIL. Income over the state rate but under the private rate. Locks into state NF rate	LCP-MNP
<b>INSTITUTIONAL Family/Children</b> TANF related income/resource rules  <b>Pregnancy</b>	<b>K01</b>	Categorically Needy Family in Medical Institution	CNP
	<b>K03</b>	Undocumented Alien Family in Medical institution Emergency Related Service Only	ERSO
	<b>K95</b>	Family LTC Medically Needy no Spenddown in Medical institution	LCP-MNP
	<b>K99</b>	Family LTC Medically Needy with Spenddown in Medical institution	LCP-MNP
	<b>P02</b>	Pregnant 185% FPL & Postpartum Extension	CNP
	<b>P04</b>	Undocumented Alien Pregnant Woman	CNP
	<b>P05</b>	Family Planning Service Only	FPSO
	<b>P06</b>	Take Charge family Planning only	FPSO
	<b>P99</b>	Medically Needy Pregnant Women & Postpartum Extension	LCP-MNP
<b>Refugee MA</b>	<b>R01</b>	Refugee cash and Medical	CNP
	<b>R02</b>	Transitional 4 Month Extension	CNP
	<b>R03</b>	Refugee Categorically Needy	CNP
<b>DCFS/JRA Medical Foster Care</b>	<b>D01</b>	SSI Recipient FC/AS/JRA Categorically Needy	CNP
	<b>D02</b>	FC/AS/JRA Categorically Needy	CNP
<b>Family Related MA</b>	<b>F01</b>	TANF cash and Medicaid	CNP
	<b>F02</b>	Transitional Medicaid	CNP
	<b>F03</b>	Post TANF Child/Spousal Support (4 months max only)	CNP
	<b>F04</b>	TANF Related	CNP
	<b>F05</b>	Newborn	CNP
	<b>F06</b>	Categorically Needy Medical Children (Effective 1/1/09 this may be CN Medicaid children or CN State funded children)	CNP
	<b>F07</b>	Children's Health Insurance Program (Not Medicaid)	CNP S-CHIP
	<b>F09</b>	Undocumented Alien Emergency Related Service Only	ERSO
	<b>F10</b>	Interim Categorically Needy (2 months max only)	CNP
	<b>F99</b>	Medically Needy no Spenddown	LCP-MNP
<b>ADATSA –State Program Drug &amp; Alcohol TX program</b>	<b>W01</b>	ADATSA Medical-State Funded	STATE FUNDED
<b>ADATSA</b>	<b>W02</b>	ADATSA Medical Care-State Funded	STATE FUNDED
<b>ADATSA</b>	<b>W03</b>	Detox Medical-State Funded	STATE FUNDED

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<b>Disability Lifeline</b> Cash Assistance with either state funded or federally funded medical	<b>G01</b>	State funded cash plus either: <b>DL-U</b> Unemployable State Funded Medical and Cash	STATE FUNDED
	<b>G02</b>	State funded cash plus either: <b>DL-X</b> Presumptive SSI Federally Funded CN-P Medicaid <b>DL-A</b> Federally Funded CN-P -AGED <b>DL-D</b> Federally Funded CN-P- NGMA disability determination	CNP
<b>Mental Health Institutional</b>	<b>I01</b>	Inpatient Psychiatric (Mental Health)	CNP
<b>Breast and Cervical Cancer program</b>	<b>S30</b>	Breast and Cervical Cancer (Health Department approval)	CNP
<b>Take Charge</b>	<b>P06</b>	Take Charge Family Planning	TCFPO
<b>Psychiatric inpatient</b>	<b>M99</b>	Psychiatric Indigent Inpatient with spenddown(MI prior to 7/03) Mental Health ONLY.	STATE

**CNP** = Categorically Needy Program ; **MNP** = Medically Needy Program; **ERSO** = Emergency Related Services Only